FEC FORM 1

STATEMENT OF **ORGANIZATION**

(See instructions)

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Office use only NAME OF (Check if name Example: If typying, type COMMITTEE (in full) . 12FE4M5 is changed) over the lines Bob Casey for Senate Inc 700 13th Street, NW ADDRESS (number and street) Suite, 60,0 (Check if address is changed) 20005 CITY_ STATE _ ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) PLGroup@perkinscoie.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.bobcasey.com (Check if address is changed) DATE **FEC IDENTIFICATION NUMBER** C C00431056 IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete Type or Print Name of Treasurer Thomas Leonard Electronically Filed by Thomas Leonard Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS Office For further information contact: **FEC FORM 1** Use Federal Election Commission Toll Free 800-424-9530 Only (Revised 02/2009)

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